



Past Service Purchase Application

TEACHERS' RETIREMENT ALLOWANCES FUND

Please print clearly.

Completing this form allows TRAF to calculate a Past Service cost. It does not obligate you to make payments.

Personal Information Completed by Member:

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Former Last Name(s)	Date of Birth (m/d/y)	Social Insurance Number (SIN)

Address, City, Province/State, Postal/Zip Code, Country		
_____	_____	_____
Home Phone	Cell Phone	PSP Number

Email Address		

Authorization:

I request a cost calculation for:

- Service while employed under the Minister of Education or the minister responsible for universities
- Service while employed with the Faculty of Education at a Manitoba university
- Service as a clinician while employed by a school division prior to December 1, 1980

Approximate dates of service:

_____	_____	_____
Date (m/d/y)	Date (m/d/y)	Date (m/d/y)
Teaching/Clinician Certificate #:	_____	Date issued: _____
		Date (m/d/y)
_____	_____	
Member Signature	Date (m/d/y)	

Past Service Verification Completed by Past Employer:

Please provide as much detailed information as possible to assist TRAF in determining service and earnings. Attach a separate schedule if necessary.

Year: _____	From: _____	To: _____	Service: _____	Earnings: \$ _____
Year: _____	From: _____	To: _____	Service: _____	Earnings: \$ _____

Were pension contributions (other than CPP) made on these earnings? Yes No
 If so, have they been refunded to the member? Yes No

Additional notes: _____

Authorization:

On behalf of Employer _____, I verify this information is correct.

_____	_____
Signature	Date (m/d/y)
_____	_____
Position	Phone

Continued on next page.

**Salary Verification
Completed by
Current Division
Payroll Personnel:**

Full-time Current Salary Rate

Contract Year

Part-time Rate (%)

Authorization:

On behalf of School Division/District _____,
I verify this information is correct.

Signature

Date (m/d/y)

Position

Phone